

Name _____

Address _____

Phone _____

Fax _____

E-mail _____

☐ I am the ☐ Guardian ☐ Conservator

☐ I am the attorney for ☐ Guardian ☐ Conservator

My Utah State Bar number is _____

In the _____ Judicial District Court _____ County, Utah
Court Address: _____

In the Matter of:

(Ward).

Report on Status of The Ward

Case Number _____

Judge _____

1. I am Guardian of the above-named Ward.

2. The Ward was born on _____ (Ward's birth date).

3. (Check all of the boxes which apply. Fill in the blanks if appropriate)

☐ This is my first report.

☐ My previous report covered the period from _____ to _____.

☐ This is my final report.

4. This report covers the period from _____ to _____.

(Note: The beginning date must be one day later than the ending date of the pervious report.)

5. During the reporting period, I had contact with the Ward approximately _____ (number of) times.

6. During the reporting period, the Ward has engaged in the following education, training or social activities.

7. The Ward lives at:

Name of facility (if applicable): _____

Street Address: _____

Mailing Address: _____

8. (Check all boxes which apply. Fill in the appropriate blanks)

☐ The Ward has been at this location since _____.

☐ The Ward has moved during the reporting period year because _____.

9. The Ward's living arrangement is best described as:

☐ The Ward's home.

☐ A relative's home. Describe the relationship _____.

☐ My home.

☐ A care facility:

10. If the Ward is living in a private home, the following people are living in the same household with the Ward:

Name	Relationship to the Ward

11. If the Ward is living in a care facility, I would describe the care facility as follows:

The name of the care facility is: _____.

My description of the care facility is: _____.

_____.

The following person at the care facility can be contacted for further information:

Name: _____.

Mailing Address: _____.

City, State, Zip _____
Phone: _____
Email: _____

12. I rate the living situation as:

- ☐ excellent
☐ average
☐ below average

Explain: _____

13. I believe the Ward's feelings about the living situation are as follows:

- ☐ content
☐ unhappy

Explain: _____

14. I recommend a more suitable living arrangement.

- ☐ No
☐ Yes

Explain: _____

15. The Ward's primary medical care provider is:

Name: _____
Mailing Address: _____
City / State / Zip: _____

16. During the reporting period, the Ward has been treated or evaluated by: (Include Physicians, Dentists, Psychiatrists, Psychologists, Social workers, etc.)

Name: _____
Mailing address: _____
City / State / Zip: _____
Date: _____

Purpose: _____
Findings: _____

Name: _____
Mailing address: _____
City / State / Zip: _____
Date: _____
Purpose: _____
Findings: _____

Name: _____
Mailing address: _____
City / State / Zip: _____
Date: _____
Purpose: _____
Findings: _____

17. During the reporting period, the Ward has received the following treatment, therapy or assistive devices:

18. Currently, the Ward is taking the following medications:

Name: _____
Dosage: _____
Reason: _____

Name: _____
Dosage: _____
Reason: _____

Name: _____
Dosage: _____
Reason: _____

Name: _____
Dosage: _____
Reason: _____

19. Describe the Ward's cognitive and emotional functioning:

20. Describe the Ward's everyday functioning, such as ability care for self, make medical decisions, and make daily living decisions:

21. During the reporting period, the Ward's mental health has:

- ☐ remained about the same
- ☐ improved
- ☐ deteriorated

Explain: _____
_____.

22. During the reporting period, the Ward's physical health has:

- ☐ remained about the same
- ☐ improved
- ☐ deteriorated

Explain: _____
_____.

23. During the reporting period, the Ward has been diagnosed with a terminal illness.

- ☐ No
- ☐ Yes

Diagnosing Doctor: _____
Telephone: _____
Diagnosis: _____

24. There is a current plan for the Ward's care, training or treatment:

- ☐ No
☐ Yes

- ☐ The plan is on file with the court.
☐ The plan is being submitted along with this Status Report.

25. I recommend that the guardianship should be

- ☐ continued
☐ modified as follows:

I declare under criminal penalty of Utah Code Section 46-5-101 that this document is true and correct.

Date

Sign here ►

(Type or Print Name Here)

Name _____

Address _____

Phone _____

Fax _____

E-mail _____

☐ I am the ☐ Guardian ☐ Conservator

☐ I am the attorney for ☐ Guardian ☐ Conservator

My Utah State Bar number is _____

In the _____ Judicial District Court _____ County, Utah
Court Address: _____

In the Matter of:

(Ward).

Notice of Right to Object

Case Number _____

Judge _____

1. To _____ (name), a person interested in the Ward.

2. You may object to all or part of the documents listed below by filing your objection with the court. The court must receive your objection no later than 30 days from the date this notice was mailed.

3. The objection must specify the entries to which you object and the reasons for your objection. If you file an objection, the court will schedule a hearing of which you will be notified.

4. I have filed the documents marked below with the court and have attached copies of these documents to this Notice for you to review. If after reviewing them you don't agree with something, you may file a written objection with the court as explained above.

- ☐ Acknowledgement of Restricted Account
- ☐ Report on Status of the Ward
- ☐ Inventory (Utah Code Section 75-5-418)
- ☐ Guardian's Financial Accounting to the Conservator (Utah Code Section 75-5-312)
- ☐ Conservator's Financial Accounting to the Court (Utah Code Section 75-5-419)
- ☐ Notice of Right to Object
- ☐ Certificate of Posting and Mailing the Notice of Hearing
- ☐ Certificate of Mailing
- ☐ Motion to Terminate the Guardianship and/or Conservatorship
- ☐ Order to Terminate the Guardianship and/or Conservatorship
- ☐ Motion to Change Venue
- ☐ Order to Change Venue
- ☐ Motion to Change Reporting Period
- ☐ Order to Change Reporting Period
- ☐ _____
- ☐ _____
- ☐ _____

I declare under criminal penalty of Utah Code Section 46-5-101 that this document is true and correct.

Date

Sign here ► _____

(Type or Print Name Here)

Name _____

Address _____

Phone _____

Fax _____

E-mail _____

☐ I am the ☐ Guardian ☐ Conservator

☐ I am the attorney for ☐ Guardian ☐ Conservator

My Utah State Bar number is _____

In the _____ Judicial District Court _____ County, Utah
Court Address: _____

In the Matter of:

(Ward).

Guardian and Conservator Certificate of
Mailing

Case Number _____

Judge _____

I certify that on _____ (date), I mailed by first class mail the documents
checked below to the people checked below at the addresses indicated below:

People

- ☐ the Ward
- ☐ the Ward's Guardian
- ☐ the Ward's Conservator
- ☐ the Ward's spouse, adult children, parents or siblings
- ☐ anyone who has requested notice under Utah Code Section 75-5-406.

Documents

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- ☐ Order to Change Venue
- ☐ Motion to Change Reporting Period
- ☐ Order to Change Reporting Period
- ☐ _____
- ☐ _____

Name	Address	City	State	Zip

I declare under criminal penalty of Utah Code Section 46-5-101 that this document is true and correct.

_____ Sign here ► _____

Date _____
 (Type or Print Name Here)